

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90248 025 \*\*\*\*61.25

**DOCUMENT # N24927**  
1. Entity Name  
**CAMBRIDGE GREENS OF CITRUS HILLS PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**2424 N ESSEX AVE  
HERNANDO FL 34442  
US**

Mailing Address  
**2424 N ESSEX AVE  
HERNANDO FL 34442  
US**

**60012275**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-2811603**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ALVAH L COX JR, CPA, P.A.  
2424 N ESSEX AVE  
HERNANDO FL 32642**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Joseph Cantelli* DATE: **2/19/03**  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	GRATTON, PAT	
STREET ADDRESS	1667 E VENTNOR LANE	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	D	<input type="checkbox"/> Delete
NAME	YETNER, FRANK	
STREET ADDRESS	1648E MONOPOLY LOOP	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMIREZ, ROBERT	
STREET ADDRESS	1710 E. ST JAMES LOOP	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CANTELLI, JOSEPH	
STREET ADDRESS	1876 E ST JAMES	
CITY-ST-ZIP	INVERNESS FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CLARDY, JOHN	
STREET ADDRESS	1496 E HARTFORD ST	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HOEY, THOMAS	
STREET ADDRESS	1526 E. MONOPOLY LOOP	
CITY-ST-ZIP	INVERNESS FL 34453	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT GARRE	
STREET ADDRESS	1695 E ST JAMES LP	
CITY-ST-ZIP	INVERNESS, FL 34453	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE: *Joseph Cantelli* DATE: **2/19/03**

CR2E037 (10/02)